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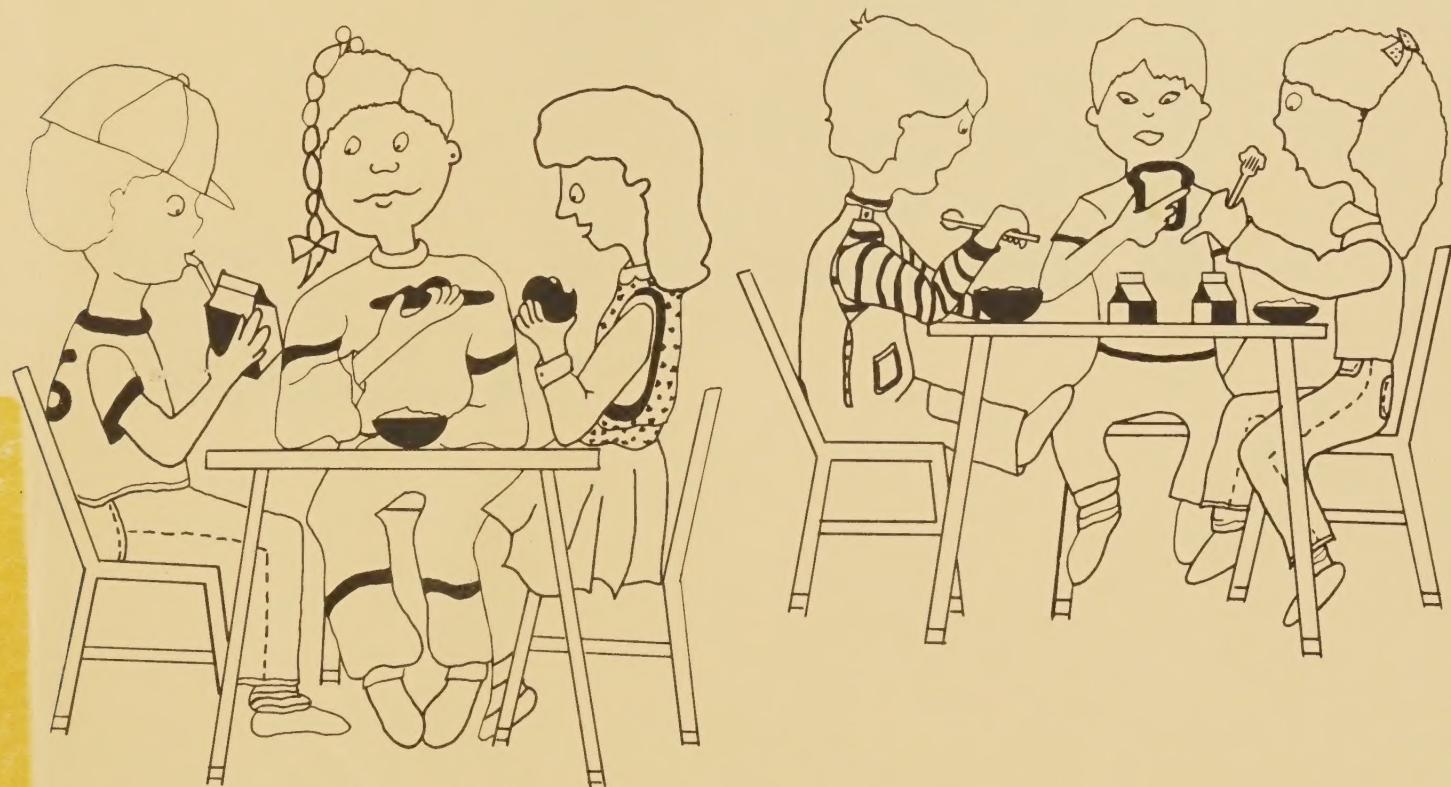




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Child Care Food  
Program

# Administrative Review Handbook for the Child Care Food Program Center Operations

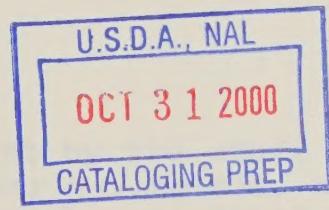


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ADMINISTRATIVE REVIEW HANDBOOK

CHILD CARE FOOD PROGRAM

DAY CARE CENTER PROGRAMS

Prepared by:  
Mid-Atlantic Region  
Food and Nutrition Service, USDA  
Child Care Food Program Unit  
Revised December 1988



## ACKNOWLEDGEMENTS

The revision of this handbook was a joint effort by the staff of the CCFP Unit and the Richmond-Virginia, Alexandria-Virginia, and Beckley-West Virginia Field Offices. The handbook was edited by Andrea Czajkowski and Tom Leverich. The concept of an Independent Center Review Form was recommended by Susan Rischewski of the Richmond Field Office. The cover was designed by Marian Wig.



## INTRODUCTION

This handbook outlines procedures and policies to be followed by FNS MARO Field Office staff in conducting administrative reviews of Child Care Food Program (CCFP) day care center operations, primarily in the regional office administered (ROAP) CCFP in the State of Virginia (a separate handbook discusses reviews of family day care operations). However, the forms and guidance included in this handbook should also be used when conducting reviews of day care centers in State agency administered programs (SAAP). When conducting SAAP reviews, the reviewer should contact the State agency CCFP coordinator for specific reimbursement claim and operational information, as well as specific State agency operational policies affecting the center to be reviewed. The first part of the booklet specifies standard operating procedures for planning, conducting and following through on an administrative review while the second part outlines the major program areas and provides guidance on the completion of the review forms.

### I. THE CHILD CARE FOOD PROGRAM ADMINISTRATIVE REVIEW REQUIREMENT

Section 226.6(k) of the CCFP regulations specifies that "Each State agency shall provide technical and supervisory assistance to institutions and facilities to facilitate effective Program operations, monitor progress toward achieving Program goals, and ensure compliance with the Department's nondiscrimination regulations." To accomplish this objective, program reviews shall assess institutional compliance with meal requirements, family-size and income eligibility documentation, accountability for meals served, financial management standards, and civil rights compliance.

The regulations also prescribe that 33.3 percent of all institutions be reviewed each year. Furthermore, a State agency review system must ensure that all institutions are reviewed at least once every four years. A review of a sponsoring organization of child care centers must include reviews of 15 percent of the centers under its sponsorship.

It is important to emphasize that the administrative review function includes two major components: 1) to monitor institutions for compliance with program regulations and policies, and 2) to provide technical assistance to the institution toward the achievement of program goals. Both components, compliance and assistance, are equally important in the performance of a CCFP review.



## II. STANDARD OPERATING PROCEDURES FOR CCFP ADMINISTRATIVE REVIEWS IN VIRGINIA

### A. Before the Review

At the beginning of each calendar quarter, the MARO CCFP Unit compiles a listing of reviews to be conducted by each field office during that quarter. Upon the receipt of this information, it is the field office's responsibility to call the institution representative to arrange a convenient date and time for the review and to discuss the records you will need for the review (Attachment 1). You may confirm this telephone conversation with a letter if you wish. Prepare the title sections of the administrative review form (including the sponsor review form and facility review form, or the independent center review form, Attachments 2, 3, and 4) and civil rights review forms (Attachment 5). Please note that when reviewing a sponsor of centers, a civil rights compliance review form must be completed for the sponsoring organization and all day care centers reviewed.

Shortly before commencing the review, field staff should telephone the CCFP Unit in the regional office and obtain the most recent reimbursement claim information. Administrative reviews must cover at least one month's records, two months time permitting. THE ONE MONTH WHICH MUST BE REVIEWED SHALL BE THE MOST RECENT MONTH FOR WHICH A CLAIM HAS BEEN RECEIVED AT THE REGIONAL OFFICE.

The independent center review form should be used for one-site day care center sponsors, where the physical location of the sponsor and the day care center are the same. The sponsor review form and the facility review form should be used for sponsoring organizations with more than one day care center site, and for one-site sponsors where the physical location of the sponsoring organization and the day care center are different.

When you depart to conduct the review, please bring with you copies of the following CCFP guidance materials to provide to the institution, should institution personnel be unable to locate their own copies: 1) Eligibility Classifications and Enrollment Data for the CCFP (revised July 1988), 2) Claim for Reimbursement (FNS-82) Instruction Booklet for Day Care Centers and Outside School Hours Care Centers (revised September 1984), 3) FNS Instruction 796-2, Revision 1, Financial Management in the CCFP (Revised October 1983) and 4) the CCFP meal pattern charts. If you need additional copies of these materials, please contact the regional office.

Section III of this handbook discusses procedures for the actual performance of the review itself.



#### B. At the End of the Review

Conduct an exit conference with the institution representative(s) detailing the results of the review. Institution officials should be made aware of findings and of any deficiencies. Provide assistance, if you have not already done so during the review, regarding ways to correct deficiencies.

Any meal count discrepancies and/or enrollment reporting errors will probably require revised claims. However, it is essential that you point out to the institution officials that revised claims may be determined to be necessary only by the regional office. The administrative review letter which will be issued from the regional office will reiterate the findings of the review and what corrective action is necessary. If revised claims are needed, the regional office will prepare the claims and forward them to the institution for signature with the administrative review letter. You should also advise that the MARO review letter will give the institution 30 days to respond to the review. If deficiencies were identified, a written response from the institution will be necessary for the closure of the review.

Finally, after the review, prepare a draft administrative review letter (a sample administrative review letter is included as Attachment 6). Preferably this should be written and forwarded with the review forms within ten working days after the review. Once the process of computer automation is completed in the field, we also request that a copy of the draft administrative review letter be transmitted electronically to the regional office. Timely submission of the review to the regional office will help ensure the prompt issuance of the administrative review letter detailing corrective action necessary. The regional office will prepare and issue the final review letter, prepare adjusted claims as warranted, and follow-up on corrective action as necessary. If there are any questions concerning the review, CCFP Unit staff will contact you by telephone for any clarifications that may be needed, prior to issuing the administrative review letter. Copies of all administrative review letters will be provided to the field office for their files.

#### III. AREAS COVERED DURING THE REVIEW: GUIDANCE

This section is intended as guidance and/or instructions in completing the CCFP review forms. Reference is made to the numbered questions of the review forms.



#### A. Sponsor of Centers Review Form

Items 1 - 6: This data is informational and should be completed prior to review, with verification during the review.

Item 7: THE MONTH(S) REVIEWED MUST BE MOST RECENT MONTH(S) FOR WHICH CLAIM(S) HAS (HAVE) BEEN RECEIVED AT THE REGIONAL OFFICE.

#### Item 8: Classification of Income Eligibility Statements

Review the eligibility statements on file for enrolled children. It is required that:

- a) The current income eligibility application form provided by MARO must be used. Effective July 1, 1987 the income eligibility statement was revised to incorporate automatic eligibility (categorical certification) for Food Stamp (FS) and Aid to Families with Dependent Children (AFDC) beneficiaries. In such instances the FS or AFDC case number must be recorded in the appropriate places on the income eligibility statement.
- b) The income statement must be signed and dated within the past 12 months for each child classified as eligible for free and reduced-price meals.
- c) The current Income Poverty Guidelines should have been used to determine eligibility for any income statements received after issuance in July. Current income statements received prior to issuance of the guidelines must have been reclassified at the time new income guidelines were issued;
- d) Enrollment form or documentation of enrollment must be on file for any child without an income eligibility statement. These children must be classified in the paid category;
- e) The institution must provide the current letter to parent provided by MARO when sending out the income eligibility statements for completion;
- f) Only children through the age of 12 are eligible for enrollment in the CCFP.

A child may be classified in the free category if a parent or guardian provides their FS or AFDC case number and signs and dates the form. No other information is required.

A child must be reclassified in the correct eligibility category if the application is complete, but the institution has incorrectly classified the child based upon family size and income data.



If an income eligibility statement does not indicate a FS or AFDC case number, a child must be classified in the paid category when any of the following items are not completed on the form: income by source, family size, names and social security number of all adult household members, signature of adult family member, the date application was completed or approved if it is questionable as to whether it is over 12 months old.

In computing total number of eligibility statements incorrectly approved, any incomplete eligibility statements must be considered as paid on the list required on the review form for this purpose. The number incorrectly approved must match the number of names listed.

However, if the institution can obtain missing information at the time of the review, then the statement need not be counted as incorrect. The number of statements corrected at the time of the review must be indicated in the comments section.

#### Item 9: Enrollment Data: Collecting and Reporting

Information recorded in Item 12 of the claim for reimbursement for the test month reviewed must be indicated in the section "as per reimbursement claim". The reviewer's findings must be reported in the section "as per review."

The institution must maintain a master enrollment list and update it on a regular basis. This list must be used when the institution completes Item Number 12 of each monthly claim for reimbursement.

Special care should be taken in reviewing and reporting data in this part of the review, since your review findings may be utilized to adjust the institution's enrollment data, thus directly affecting the amount of reimbursement to be received. Accuracy is essential.

#### Item 10: Title XX Proprietary Centers

Title XX Proprietary Centers are "for-profit" operations that accept the placement of children from the local department of social services and receive Title XX funding for the care of these children. Such centers may claim reimbursement only for months when at least 25% of the children enrolled are Title XX beneficiaries.



Title XX centers must complete a reimbursement claim addendum indicating that they have 25 percent of the total enrolled children eligible for Title XX funds. The percentage of eligible children is indicated on the addendum. The supporting documentation for the reimbursement claim addendum must be reviewed carefully, and the results recorded on the review form.

Item 11: Meal Count Records

The institution's meal count records for the test month must be reviewed, the accuracy of the counts compared to the reimbursement claim verified and the results recorded on the review form.

Once again, care and accuracy is essential, since based upon the results of the review, an institution's reimbursement claims may be adjusted.

The reviewer must also ensure that the institution has been complying with the meal limitation provision, i.e. no more than three meals (one of which must be a supplement if three meals are claimed) per child per day.

Please note that effective July 1, 1989, sponsors may claim reimbursement for an additional meal or supplement, but only for those children documented to be in care for eight or more hours a day. This provision applies only to day care center programs.

Item 12: Menus/Meal Patterns

Review all of the menus on file for the test month for compliance with meal pattern requirements. A "menu" for reporting purposes is defined as one meal type on a specific date, e.g. breakfast on July 20. The number of "menus" reviewed by meal type for the test month must be counted and recorded, and the number of "menus" with missing components by meal type for the test month must also be recorded.

Specifics of meal pattern deficiencies must be recorded in the comments section, or clearly circled on copies of the menus reviewed. The menu review form may also be used, but its use is optional.

Item 13: Documents

This information is self-explanatory.



**Item 14: Training**

Check to ensure that the institution fulfilled training requirements. Food service personnel must be trained annually on all pertinent aspects of the CCFP. This training should be documented with the date of training, names of attendees, and a list of topics discussed. All CCFP administrative and recordkeeping requirements must be covered. Administrative personnel must also receive such training on their responsibilities related to the CCFP.

**Item 15: Facility Monitoring - Applicable to Sponsors of Centers Only**

Check the monitoring reports which should have been performed at each dependent center three times annually. Monitoring visits may not be more than six months apart. These monitoring reviews are designed to ensure that CCFP meal requirements are met and proper records are maintained. The monitoring form provided by this office must be used.

**Item 16: Food Service Operating Costs**

Check records relating to program costs, i.e., verify the costs incurred relative to the CCFP to substantiate reimbursement received. Costs must equal or exceed reimbursement received in order to document a nonprofit food service. This comparison is made on a fiscal year basis. Therefore, it is possible that for a particular month, costs may be less than reimbursement received. If your comparison for the test month indicates such a discrepancy at a rate of 25% or more, please consult with the regional office by telephone.

a) FOOD COST records must be maintained. Ensure that the following practices are adhered to:

1. Food receipts and/or invoices must be itemized to reflect the name of the item, quantity purchased, price, name of vendor and date;
2. The foods purchased must be necessary and reasonable for the size of the program. Purchases of coffee and/or tea are not allowed;
3. At least annually, a physical inventory must be taken at the beginning/end of the fiscal year;



4. If the meals are provided by a vendor or school system, the number of meals and/or meal components delivered must be verified before the slips are signed. Discrepancies in deliveries should be noted on the delivery invoice.

5. If the meals are provided by a vendor or school system, records of billings for meals provided must be maintained;

b) PROGRAM LABOR COSTS can be incurred by direct food service employees whereby an employee spends 100% of his/her time on the food program, or by indirect food service employees, whereby an employee only spends a portion of his/her time performing food service duties.

Payroll records/stubs must be maintained to substantiate the salaries of food service employees.

Daily time and attendance logs must be maintained for each food service employee to record time spent on the food program if needed to document a nonprofit food service.

The labor costs claimed must be reasonable and necessary for the operation of the food program. Guidelines in this area are provided in FNS Instruction 796-2 and the Reimbursement Claim Handbook provided to sponsors by this office.

If labor costs appear excessive, then appropriate justification should be requested of the sponsor. If necessary, consult with the regional office by telephone.

c) NON-FOOD SUPPLIES, AND KITCHEN EQUIPMENT COSTING LESS THAN \$5,000 PER ITEM may be charged to the CCFP if the receipts for the items purchased are itemized to reflect the name of the item purchased, quantity purchased, price, vendor name and date, and if the purchases are necessary for the operation of the food program. At least annually, a physical inventory of nonfood supplies must be taken and documented at the beginning/end of the fiscal year.

d) ADMINISTRATIVE COSTS if properly documented can, in part, substantiate reimbursement. These costs are divided into three functional groups: planning, organizing, and supervising.

1. Planning generally consists of activities undertaken to survey both community needs and available resources so that applications may be drawn up and written agreements may be negotiated. More specifically, these activities include:

i) drawing up a management plan, budgeting, etc.;



ii) other activities involved in assembling, estimating, documenting and communicating information required to establish eligibility;

iii) negotiating the written agreement, including the application.

2. Organizing generally consists of activities undertaken each year to assemble and coordinate the resources required to operate the program. More specifically, these activities include:

i) hiring of administrative and operational employees and training with regard to program duties and responsibilities.

ii) procuring facilities and equipment to meet operational and administrative needs.

iii) negotiating specifications and contracts with food vendors and other purchasing activities.

3. Supervising - generally consists of day-to-day activities performed for maintaining acceptable program operations in accordance with the written agreement. More specifically, costs associated with these activities include salaries and benefits of administrative personnel, secretaries, accountants, and other necessary personnel to support administrative activities.

In order to document administrative costs, daily time and attendance logs (time distribution records) must be maintained for any person working on the administration of the CCFP. The time spent each day and the duties performed by an administrative person must be on file if the hours worked by the employee on the CCFP for the month are to be claimed. The salaries should be the normal rate of pay times the hours worked.

Other administrative costs include postage, paper and printed supplies (menus, meal count sheets), telephone calls to USDA or those telephone calls directly related to the food program, and transportation of sponsor monitors to sites. These costs must also be itemized and fully documented.

#### Item 17: Recordkeeping Procedures

This part of the review is self-explanatory and relates directly to the maintenance of cost documentation as discussed under Item 16 above.



Item 18: Check records relating to program income, i.e., any money received by the institution which is specifically earmarked for the food program. Income which must be reported includes:

- a) Food service fees and receipts for meals served to children not eligible for free meals. This type of income is extremely rare in Virginia programs participating in the CCFP as most of our programs are nonpricing and cannot charge separately for meals. However, if a center is pricing and identifies a portion of the tuition for food, or food service costs, records of money received must be maintained.
- b) Food sales to program adults. Although most of our centers do not charge their employees for meals and consider the cost of these meals as a fringe benefit, there are a few centers which do charge program adults for meals. If this is the case, any payment received for meals from adults in centers who have performed necessary food service program labor must be recorded. Meals served to program adults may not be included in meal counts for reimbursement purposes. Meals served to program adults can be claimed as costs.
- c) Income from other sources. Federal monies (other than USDA reimbursement), State and local funds used to pay for CCFP costs must be recorded. Examples of such funding include Head Start and Title XX. USDA CCFP funds must be utilized first to support the food service operation. Other funds may be legitimately utilized to support food service costs in excess of the CCFP reimbursement received. It is the institution's responsibility to record and track all income, and to ensure that its accounts are properly charged to avoid double funding of the food service operation.

Item 19: Advance Funds

Program sponsors in a regional office administered program such as Virginia must maintain advance funds in an interest bearing account. Any interest earned on advance funds in excess of \$100 per year must be returned to USDA. This requirement does not apply to State agency administered programs.



Item 20: Disbursements

This section pertains to sponsoring organizations only. Most sponsoring organizations do incur all costs on behalf of their dependent centers. However, if this is not the case, sponsoring organizations are required by CCFP regulations to disburse all program payments, both advances and reimbursement payments, to their dependent centers within five working days of receipt.

Item 21: Reviewer's General Comments, Recommendations, and Description of Corrective Action Required.

This is a very important part of the review. Any general comments, explanations, clarifications, etc. should be recorded here in sufficient detail. Include additional pages if needed.

**PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED TO EACH SPONSOR OF CENTERS REVIEW CONDUCTED.**

The key aspects of the civil rights review for sponsors of day care centers include the display of the Justice for All poster, the hiring practices for staff employed for the CCFP, and the maintenance of racial/ethnic participation data.

**B. Facility Center Review**

The Facility Center Review form is to be completed in addition to the sponsor of centers review form for at least 15% of the dependent centers operating under the sponsoring organization, and for sponsors of one center where the day care center facility is at a location separate from the office of the sponsoring organization.

Items 1 - 7: Self-explanatory.Item 8: Menus

Review the menus on file for at least the test month. The following is required:

- a) The menus must be dated to reflect the month/day/year served;
- b) Menus must be maintained for each meal type claimed each day;



- c) Menus must meet USDA meal requirements;
- d) Substitutions and/or additions to meals must be noted on the menus.

Item 9: Meal Counts/Attendance/Enrollment

Check method of counting number of meals served each day and verify meal counts reported on USDA claim. You must ensure that the meals are counted by meal type at the point of service, i.e. as they are served to children, program adults and nonprogram adults.

Review attendance for the same month you verify meal counts. Meal counts cannot be based on attendance. No more meals than children in attendance can be reported as served. Seconds may be served but should not be claimed for reimbursement.

Item 10: Licensing/Alternate Approval

Review to ensure that center does not exceed licensed capacity.

If center is approved under alternate approval standards, review against these standards (FNS Form 343).

Item 11: Meal Service

Observe a meal service to ensure that all children receive appropriate portions of all meal components. If family style meal service, children must receive at least some of each item and the caregiver must encourage the children to consume appropriate servings. Enough food must be available to ensure that appropriate portions can be served. If any children receive incomplete meals, be sure to record the number in this section.

Item 12: Space and Supplies

The actual FOOD SERVICE OPERATION should also be checked during a review to ensure the following conditions exist and that violations in sanitation and health practices do not exist.

- a) Space should be provided for storing food and supplies, serving meals, dining, preparing and cooking food.
- b) The floor, work surfaces, pots/pans/utensils, and sinks in the kitchen should be clean.



- c) Sanitary procedures should be followed in food handling and serving.
- d) Storage areas should be properly ventilated and all food stored off the floor and placed on pallets.
- e) Food and non-food items should be marked with the date so a first-in, first-out procedure for inventory is utilized.

Item 13: Training and Monitoring

This item is self-explanatory.

Item 14: Summarize significant areas or items requiring corrective action.

This item is self-explanatory.

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED TO EACH FACILITY REVIEW CONDUCTED.

C. Independent Center Review

The Independent Center Review Form may be used for one-site day care center sponsors, where the physical location of the sponsor and the day care center are the same. This review form is a consolidation of the Sponsor of Center Form and the Facility Center Form. The instructions for completing the individual sections of the Independent Center Review Form are the same as the corresponding sections of the Sponsor of Center and Facility Center forms.



CHILD CARE FOOD PROGRAM RECORDS  
DAY CARE CENTER PROGRAMS

**Copies of reimbursement claims**

Income eligibility statements for all children categorized as free or reduced and evidence of enrollment for all children classified as paid

Master list of all children enrolled

Meal count records for meals claimed

Attendance records

Food and nonfood supplies purchase records

Food and nonfood supplies inventory records

Records supporting administrative expense

Cancelled checks/payroll records and time and attendance records for any program and/or administrative labor costs incurred

The bills/professional estimates for any purchased services incurred

Records to substantiate any income to the food service program

Copies of the approved agreement, application, policy statement, and public release

IRS tax exemption letter, or documentation of moving towards IRS tax exempt status, or statement of responsibility (churches)

Menus for all meals served

Copies of monitoring reports completed by sponsor



Copies of documentation to support training conducted for program personnel

Copy of current license/certification/alternate approval documentation for each center

Copies of all correspondence to and from FNS-MARO



## ATTACHMENT 2

SPONSOR OF CENTER(S) REVIEW  
CHILD CARE FOOD PROGRAM

1. Type of Sponsoring Organization	2. Agreement Number
<input type="checkbox"/> Child Care	<input type="checkbox"/> _____
<input type="checkbox"/> Head Start	<input type="checkbox"/> _____
<input type="checkbox"/> Proprietary TXX Center	<input type="checkbox"/> _____
<input type="checkbox"/> Outside-School-Hours-Care	<input type="checkbox"/> _____
Number of Centers _____	
4. Name and Address of Sponsor	
5. Telephone Number	
6. Name and Title of Person(s) Interviewed	
7. Specify the months for which records were reviewed: (At least one month must be reviewed, two months, time permitting - must be consistent)	
8. Classification of Income Eligibility Statements	
YES      NO <u>COMMENTS</u>	
Does the sponsor use the current income eligibility application form provided by the State agency?	( )      ( )
Are eligibility statements on file signed and dated within the past 12 months for each child classified as eligible for free or reduced-price meals?	( )      ( )



YES

NO

## COMMENTS

Were the current "Income Poverty Guidelines" used to determine children's eligibility classification?

( ) ( )

Are enrollment documents available for all children classified in the paid category?

( ) ( )

Are daily attendance records maintained for each enrolled child?

( ) ( )

Does the sponsor use the current mandated letter to parent form provided by the State agency?

( ) ( )

Are there any children enrolled who are 13 years of age and older?

( ) ( )

Total free or reduced price applications on file:

—

Total free or reduced price applications incorrectly classified as per review:

---

Total number of children enrolled who are classified in the "paid" category:

---

Identify below each income eligibility application that was incorrectly classified, and specify the nature of the deficiency. Please note that under the column "reason for change", a coding system may be utilized, however an extra page clearly defining the codes used must be attached.







## 9. Enrollment Data: Collection and Reporting

## As Per Reimbursement Claim

## As Per Review

Month:	_____	_____	_____	_____
Free:	_____	_____	_____	_____
Reduced:	_____	_____	_____	_____
Paid:	_____	_____	_____	_____

Does the sponsor maintain a "master enrollment list" accurately on a current basis?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

---

## 10. Title XX Proprietary Centers

As Per Reimbursement Claim  
Addendum

## As Per Review

Month:	_____	_____	_____	_____
Total Enrollment:	_____	_____	_____	_____
Percentage Of Title XX Children:	_____	_____	_____	_____

COMMENTS:



## 11. Meal Count Records

As Per Reimbursement Claim

As Per Review

Month: \_\_\_\_\_

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Supper: \_\_\_\_\_

AM Supplements: \_\_\_\_\_

PM Supplements: \_\_\_\_\_

Total  
Supplements: \_\_\_\_\_

COMMENTS:



## 12. Menus/Meal Patterns

Review menus for the month(s) selected for review. The attached "Menu Review Forms" may be utilized for this purpose.

	<u>Number of "Menus" Reviewed</u>	<u>Number of "Menus" with Missing Components</u>
Month:	_____	_____
Breakfast:	_____	_____
Lunch:	_____	_____
Supper:	_____	_____
AM Supplement:	_____	_____
PM Supplement:	_____	_____

"Menu" is defined as one meal type on a specific date.

Record any specific comments below. Include specific dates for each deficient meal. Attach copies of menus reviewed, if possible.



Institution Name: \_\_\_\_\_

U Unknown Food Item  
M Meets Minimum Requirements  
X Missing Component  
A May Lack Required Amount  
See Comments Back of Page

Agreement Number: \_\_\_\_\_

Meal Type: \_\_\_\_\_

## **MEAL PATTERN REQUIREMENTS**



<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
------------	-----------	-----------------

### 13. Documents

Are the following documents on file?

Application Forms:	( )	( )
Agreement:	( )	( )
Free and Reduced-Price Policy:	( )	( )
Claims for Reimbursement:	( )	( )
Vendor Contract or School Food Authority Agreement, if applicable:	( )	( )
Are all records maintained for three years (or since the inception of the program, if less than three years)?	( )	( )

---

### 14. Training

Has the sponsor conducted training for its center personnel? ( ) ( )

Is training documented by agendas, sign-in lists, etc? ( ) ( )

Date(s) of training for centers during last year:

Date(s) of training for administrative staff during last year: \_\_\_\_\_

Are all new staff provided with CCFP training? ( ) ( )

---



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>15. Facility Monitoring</b>			
Does sponsor use monitoring form required by State agency?	( )	( )	
Are records of monitoring maintained?	( )	( )	
Does sponsor maintain records of corrective action?	( )	( )	
Are follow-up reviews conducted?	( )	( )	
How many reviews have been completed in the past fiscal year and this fiscal year to date?			_____
Have more than six months elapsed between reviews?	( )	( )	
If yes, how many?			_____
Are all visits made at a meal service time?	( )	( )	
If no, how many per center were conducted at meal service time?			_____
Will the sponsor meet their regulatory review requirements?	( )	( )	
If no, why not?			



## 16. Food Service Operating Costs

Month: \_\_\_\_\_

Reimbursement Received: \_\_\_\_\_

## Costs Verified Per Review

Food \_\_\_\_\_

Labor \_\_\_\_\_

Nonfood \_\_\_\_\_

Other \_\_\_\_\_

Administrative \_\_\_\_\_

Total: \_\_\_\_\_

Does it appear that the sponsor is operating a nonprofit food service operation? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>17. Recordkeeping Procedures</b>			
Are invoices of all food service purchases itemized?	( )	( )	
On a test basis, do items purchased appear on menus?	( )	( )	
Are time and attendance records maintained for all food service personnel?	( )	( )	
Are all costs recorded directly related to the CCFP and qualify as eligible expense items?	( )	( )	
<hr/>			
<b>18. Program Income</b>			
Does sponsor receive any other public or private funds for its food service operation?	( )	( )	
If yes, specify amount and source:			
<hr/>			
Does the sponsor maintain a separate food service account?	( )	( )	
<hr/>			
<b>19. Advance Funds (ROAP only)</b>			
Does the institution receive advance funds?	( )	( )	
If yes, are advances maintained in an interest bearing account?	( )	( )	
Does the organization maintain proper accounting records to document amount of interest earned on CCFP advance funds?	( )	( )	
If the organization earned more than \$100 in interest last year, did the sponsor return the funds in excess of \$100 to USDA?	( )	( )	



YES      NO

20. Disbursements

Does the sponsoring organization incur all costs on behalf of its dependent centers?

( ) ( )

If no, does the sponsor disburse advances and/or reimbursement payments to centers within five days of receipt?

( ) ( )

Does the institution ensure that reimbursement payments disbursed to centers do not exceed centers' food service operating costs for the claiming period?

( ) ( )

COMMENTS:



21. Reviewer's General Comments and Recommendations, and Description of Corrective Action Required (if applicable).

Is a stop-payment recommended? YES \_\_\_\_\_ NO \_\_\_\_\_

Is a follow-up visit necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\*

Name of Sponsor Representative

Name of Reviewer

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Signature of Reviewer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED



FACILITY CENTER REVIEW  
CHILD CARE FOOD PROGRAM

1. Agreement Number: \_\_\_\_\_
2. Date of Review: \_\_\_\_\_
3. Type of Facility:  Day Care Center  
 Outside School Hours Center  
 Proprietary Title XX Center  
 Head Start Center
4. Name of Center Representative: \_\_\_\_\_
5. Name and Address of Center Sponsor (if applicable)
6. Name and Address of Center

YES      NO      COMMENTS

## 7. Meal Service

Are meals ordered and/or prepared based  
on participation trends?           

## Type of Food Service Operation:

On-Site Preparation      Identify: \_\_\_\_\_  
 Food Service Management Company      Identify: \_\_\_\_\_  
 School Food Authority      Identify: \_\_\_\_\_  
 Satellite from Other Center      Identify: \_\_\_\_\_



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>8. Menus</b>			
Are dated, daily menus available for all meal types being claimed?	( )	( )	
Are substitutions/additions/deletions noted on menus?	( )	( )	
Are cycle menus utilized?	( )	( )	
Do the menus reflect good nutrition by variety?	( )	( )	

---

**9. Meal Counts/Attendance/Enrollment**

Describe methods used to count the number of meals served and to document compliance with the meal limitation provision.

Are meals counted at the point of service for each meal type?	( )	( )
Are attendance records used in place of actual point of service meal counts?	( )	( )
Are records of daily attendance maintained?	( )	( )
Do attendance records support meal counts?	( )	( )
Is a master enrollment list maintained?	( )	( )
Is there an enrollment form or eligibility statement on file for each child listed on the master enrollment list?	( )	( )
Does the number of meals claimed exceed the number of children enrolled?	( )	( )



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are adult meals included in meal counts?	( )	( )	
Are there any ineligible children over the age of 12 enrolled at the center?	( )	( )	
If yes, are meals to over-age children included in the meal counts for claiming purposes?	( )	( )	

---

#### 10. Licensing/Alternate Approval

Is center licensed?	( )	( )
Is license current?	( )	( )
If no, is the center in the process of renewing their license?	( )	( )
Does number of children in attendance exceed licensed capacity at any time?	( )	( )
Is age range of children on day of visit in compliance with license?	( )	( )
Is center approved under alternate approval standards?	( )	( )
If yes, is center in compliance with alternate approval standards?	( )	( )
If no, list deficiencies:		

Are fire/safety and health/sanitation inspections current?	( )	( )
If no, explain and provide details:		



## 11. Meal Service

## (a) Meal(s) Served on Day of Review

Type Meal Observed	Under 1	Number of Enrolled Children Served by Age			Number of Enrolled Children's Meals Reported as Served	Program Adult Meals	Non-Program Adults and Non-Enrolled Children's Meals
		1-2	3-5	6-12			

Number of meals/supplements served to enrolled children \_\_\_\_\_

Number of meals/supplements for which all components were served to enrolled children \_\_\_\_\_

## (b) Meal Analysis of Observed Meal

Meal Type \_\_\_\_\_

Required Components	Quantity Used	Allowable Services Per Unit	Number of Services		
			Total	Over	Short

## (c) Observed Meal Service

Did meal served correspond to menu? YES \_\_\_\_\_ NO \_\_\_\_\_

Was each meal served as a unit? YES \_\_\_\_\_ NO \_\_\_\_\_



Did meal served on day of visit fulfill minimum requirements?

Components? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, describe what components were missing:

Quantities? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:

If served family style, were the appropriate quantities of each food item placed on the table?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:

If served family style, were all the components and quantities served to each child?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:

If served family style, did center staff encourage children to accept appropriate quantities of each required food component?

YES \_\_\_\_\_ NO \_\_\_\_\_

Were any children under the age of one year served?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the center recycle milk?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, are the center's practices in compliance with CCFP Memo #4-87?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list food provided, number and specific age of children:

Are separate menus recording infant meals served also maintained on file?

YES \_\_\_\_\_ NO \_\_\_\_\_



## 12. Space and Supplies

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Is there a working refrigerator available?	( )	( )	
Is working freezer or freezer storage space available?	( )	( )	
Are all perishables properly maintained in refrigerator or freezer?	( )	( )	
Are safety and sanitary procedures followed in all aspects of the food service?	( )	( )	
Do dry storage facilities appear to be adequate?	( )	( )	
Are cleaning supplies stored separately from food items and out of the reach of children?	( )	( )	
Is there evidence of rodent or insect infestation?	( )	( )	
Is "first in/first out" method of rotating food and nonfood supplies being utilized?	( )	( )	
If USDA commodities are being received, are they being properly utilized?	( )	( )	
If meals are delivered to this facility, is the delivery system equipped to keep food at the proper temperatures?	( )	( )	
Does the facility have holding equipment to maintain proper temperatures?	( )	( )	



## 13. Training and Monitoring: Dependent Centers

Have center personnel attended the institution's training sessions?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, why not? If yes, give date(s) and topics covered.

How often and when (give dates) has the center been monitored by the sponsoring organization?

---

14. Reviewer's General Comments and Recommendations, and Description of Corrective Action Required (if applicable).

\*\*\*\*\*  
Name of Center Representative

Name of Reviewer

Signature of Center Representative

Signature of Reviewer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED



INDEPENDENT DAY CARE CENTER REVIEW  
CHILD CARE FOOD PROGRAM

---

1. Agreement Number: \_\_\_\_\_
2. Date of Review: \_\_\_\_\_
3. Type of Center  Child Care Center  
 Head Start Center  
 Proprietary Title XX Center  
 Outside-School-Hours-Care Center
4. Name and address of Center
5. Telephone number
6. Name and Title of Person(s) Interviewed
7. Specify the months for which records were reviewed: \_\_\_\_\_  
(At least one month must be reviewed, two months, time permitting - must be consistent) \_\_\_\_\_
8. Classification of Income Eligibility Statements

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does the sponsor use the current income eligibility application form provided by the State agency?	<input type="checkbox"/>	<input type="checkbox"/>	
Are eligibility statements on file signed and dated within the past 12 months for each child classified as eligible for free or reduced-price meals?	<input type="checkbox"/>	<input type="checkbox"/>	



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Were the current "Income Poverty Guidelines" used to determine children's eligibility classification?	( )	( )	
Are enrollment documents available for all children classified in the paid category?	( )	( )	
Are daily attendance records maintained for each enrolled child?	( )	( )	
Does the sponsor use the current mandated letter to parent form provided by the State agency?	( )	( )	
Are there any children enrolled who are 13 years of age and older?	( )	( )	

Total free or reduced price applications on file:

Total free or reduced price applications incorrectly classified as per review:

Total number of children enrolled who are classified in the "paid" category:

Identify below each income eligibility application that was incorrectly classified, and specify the nature of the deficiency. Please note that under the column "reason for change", a coding system may be utilized, however an extra page clearly defining the codes used must be attached.







## 9. Enrollment Data: Collection and Reporting

## As Per Reimbursement Claim

## As Per Review

Month: \_\_\_\_\_

Free: \_\_\_\_\_

Reduced: \_\_\_\_\_

Paid: \_\_\_\_\_

Does the sponsor maintain a "master enrollment list" accurately on a current basis?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is there an enrollment form or eligibility statement on file for each child listed on the master enrollment list?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the number of meals claimed exceed the number of children enrolled?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

## 10. Title XX Proprietary Centers

As Per Reimbursement Claim  
Addendum

## As Per Review

Month: \_\_\_\_\_

Total  
Enrollment: \_\_\_\_\_Percentage  
Of Title XX  
Children: \_\_\_\_\_

COMMENTS:



## 11. Meal Count Records

As Per Reimbursement Claim

As Per Review

Month: \_\_\_\_\_

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Supper: \_\_\_\_\_

AM Supplements: \_\_\_\_\_

PM Supplements: \_\_\_\_\_

Total  
Supplements: \_\_\_\_\_

COMMENTS:



Describe methods used to count the number of meals served and to document compliance with the meal limitation provision.

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are meals counted at the point of service for each meal type?	( )	( )	
Are attendance records used in place of actual point of service meal counts?	( )	( )	
Are records of daily attendance maintained?	( )	( )	
Do attendance records support meal counts?	( )	( )	
Are adult meals included in meal counts?	( )	( )	
Are there any ineligible children over the age of 12 enrolled at the center?	( )	( )	
If yes, are meals to over-age children included in the meal counts for claiming purposes?	( )	( )	



**12. Menus/Meal Patterns**

Review menus for the month(s) selected for review. The attached "Menu Review Forms" may be utilized for this purpose.

	<u>Number of "Menus" Reviewed</u>	<u>Number of "Menus" with Missing Components</u>
Month:	_____	_____
Breakfast:	_____	_____
Lunch:	_____	_____
Supper:	_____	_____
AM Supplement:	_____	_____
PM Supplement:	_____	_____

"Menu" is defined as one meal type on a specific date.

Record any specific comments below. Include specific dates for each deficient meal. Attach copies of menus reviewed, if possible.



Institution Name: \_\_\_\_\_

U Unknown Food Item  
M Meets Minimum Requirements  
X Missing Component  
A May Lack Required Amount  
See Comments Back of Page

Agreement Number: \_\_\_\_\_

Meal Type: \_\_\_\_\_

## MEAL PATTERN REQUIREMENTS



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are dated, daily menus available for all meal types being claimed?	( )	( )	
Are substitutions/additions/deletions noted on menus?	( )	( )	
Are cycle menus utilized?	( )	( )	
Do the menus reflect good nutrition by variety?	( )	( )	



YES      NO      COMMENTS

### 13. Meal Service

Are meals ordered and/or prepared based on participation trends?

( ) ( )

Type of Food Service Operation:

( ) On-Site Preparation  
( ) Food Service Management Company Identify: \_\_\_\_\_  
( ) School Food Authority Identify: \_\_\_\_\_  
( ) Satellite from Other Center Identify: \_\_\_\_\_

**Meal(s) Served on Day of Review**

Number of Enrolled Children Served by Age		Number of Enrolled Children's Meals Reported as Served		Non-Program Adults and Non-Enrolled Children's Meals	
Under 1	1-2	3-5	6-12	TOTAL	Program Adult Meals


Number of meals/supplements served to enrolled children \_\_\_\_\_

Number of meals/supplements for which all components were served to enrolled children

## Meal Analysis of Observed Meal

Meal Type \_\_\_\_\_

Required Components	Quantity Used	Allowable Services Per Unit	Number of Services Total	Over	Short
---------------------	---------------	-----------------------------	--------------------------	------	-------




## Observed Meal Service

Did meal served correspond to menu? YES \_\_\_\_\_ NO \_\_\_\_\_

Was each meal served as a unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Did meal served on day of visit fulfill minimum requirements?

Components? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, describe what components were missing:

Quantities? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:

If served family style, were the appropriate quantities of each food item placed on the table?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:

If served family style, were all the components and quantities served to each child?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain and provide details:



If served family style, did center staff encourage children to accept appropriate quantities of each required food component?

YES \_\_\_\_\_ NO \_\_\_\_\_

Were any children under the age of one year served?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the center recycle milk?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, are the center's practices in compliance with CCFP Memo #4-87?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list food provided, number and specific age of children:

Are separate menus recording infant meals served also maintained on file?

YES \_\_\_\_\_ NO \_\_\_\_\_



## 14. Space and Supplies

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Is there a working refrigerator available?	( )	( )	
Is working freezer or freezer storage space available?	( )	( )	
Are all perishables properly maintained in refrigerator or freezer?	( )	( )	
Are safety and sanitary procedures followed in all aspects of the food service?	( )	( )	
Do dry storage facilities appear to be adequate?	( )	( )	
Are cleaning supplies stored separately from food items and out of the reach of children?	( )	( )	
Is there evidence of rodent or insect infestation?	( )	( )	
Is "first in/first out" method of rotating food and nonfood supplies being utilized?	( )	( )	
If USDA commodities are being received, are they being properly utilized?	( )	( )	
If meals are delivered to this facility, is the delivery system equipped to keep food at the proper temperatures?	( )	( )	
Does the facility have holding equipment to maintain proper temperatures?	( )	( )	



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>15. Licensing/Alternate Approval</b>			
Is center licensed?	( )	( )	
Is license current?	( )	( )	
If no, is the center in the process of renewing their license?	( )	( )	
Does number of children in attendance exceed licensed capacity at any time?	( )	( )	
Is age range of children on day of visit in compliance with license?	( )	( )	
Is center approved under alternate approval standards?	( )	( )	
If yes, is center in compliance with alternate approval standards?	( )	( )	
If no, list deficiencies:			
Are fire/safety and health/sanitation inspections current?	( )	( )	
If no, explain and provide details:			



## 16. Documents

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are the following documents on file?			
Application Forms:	( )	( )	
Agreement:	( )	( )	
Free and Reduced-Price Policy:	( )	( )	
Claims for Reimbursement:	( )	( )	
Vendor Contract or School Food Authority Agreement, if applicable:	( )	( )	
Are all records maintained for three years (or since the inception of the program, if less than three years)?	( )	( )	

## 17. Training

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Has the sponsor conducted training for its center personnel?	( )	( )	
Is training documented by agendas, sign-in lists, etc?	( )	( )	
Date(s) of training for centers during last year:			
Date(s) of training for administrative staff during last year:			
Are all new staff provided with CCFP training?	( )	( )	



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
18. Recordkeeping Procedures			
Are invoices of all food service purchases itemized?	( )	( )	
On a test basis, do items purchased appear on menus?	( )	( )	
Are time and attendance records maintained for personnel who do not spend their full time performing food service duties?	( )	( )	
Are all costs recorded directly related to the CCFP and qualify as eligible expense items?	( )	( )	

---

#### 19. Food Service Operating Costs

Month: \_\_\_\_\_

Reimbursement Received: \_\_\_\_\_

Costs Verified Per Review

Food	_____	_____
Labor	_____	_____
Nonfood	_____	_____
Other	_____	_____
Administrative	_____	_____
Total:	_____	_____

Does it appear that the sponsor is operating a nonprofit food service operation? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>20. Program Income</b>			
Does sponsor receive any other public or private funds for its food service operation?	( )	( )	
If yes, specify amount and source:			
Does the sponsor maintain a separate food service account?	( )	( )	
<hr/>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b>21. Advance Funds</b>			
Does the institution receive advance funds?	( )	( )	
If yes, are advances maintained in an interest bearing account?	( )	( )	
Does the organization maintain proper accounting records to document amount of interest earned on CCFP advance funds?	( )	( )	
If the organization earned more than \$100 in interest last year, did the sponsor return the funds in excess of \$100 to USDA?	( )	( )	



22. Reviewer's General Comments and Recommendations, and Description of Corrective Action Required (if applicable).

Is a stop-payment recommended? YES \_\_\_\_\_ NO \_\_\_\_\_

Is a follow-up visit necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\*

Name of Sponsor Representative \_\_\_\_\_ Name of Reviewer \_\_\_\_\_

Signature of Sponsor Representative \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS-345) IS COMPLETED AND ATTACHED



U.S. DEPARTMENT OF AGRICULTURE

FOOD AND NUTRITION SERVICE

**CIVIL RIGHTS RACIAL DATA  
COLLECTION FORM  
CHILD CARE FOOD PROGRAM**

(ONE FORM TO BE COMPLETED ON EACH FACILITY REVIEWED)

NOTE: Any review of an institution having only one race should include a statement indicating the general racial composition of the area the institution serves.

INSTRUCTIONS: Retain with the Administrative Review Report in the files of the administering agency. Indicate on back of this sheet if any items need further comment.

IMPORTANT: All line items on this page MUST be answered NUMERICALLY. (No percentages.) DO NOT use words, "ALL" or "NONE."

## 1. FACILITY TYPE

## ATTACHMENT 5

CHILD CARE CENTER  
 OUTSIDE-SCHOOL-HOURS CARE CENTER  
 PROPRIETARY TITLE XX CENTER  
 SPONSORED CHILD CARE CENTER  
 SPONSORED OUTSIDE-SCHOOL-HOURS CARE CENTER  
 SPONSORED PROPRIETARY TITLE XX CENTER  
 HOME

## 2. NAME AND TITLE OF RESPONSIBLE OFFICIAL INTERVIEWED

## 3. NAME AND ADDRESS OF FACILITY REVIEWED (Include Zip code)

## 4. NAME AND MAILING ADDRESS OF INSTITUTION

## 5. ACTUAL CURRENT ATTENDANCE BY RACIAL/ETHNIC GROUP (Leave box(es) blank for those not included.)

BLACK (Not Hispanic)	HISPANIC	AMERICAN INDIAN OR ALASKAN	ASIAN OR PACIFIC ISLANDER	WHITE (Not Hispanic)	TOTAL

## RACIAL/ETHNIC CATEGORIES

BLACK - (Not of Hispanic origin.) A person having origins in any black racial groups of Africa.

WHITE - (Not of Hispanic origin.) A person having origin in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. (Includes Aleuts and Eskimos.)

ASIAN PACIFIC ISLANDER - A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands, and Samoa.

## 6. MEAL SERVICE OBSERVED

BREAKFAST     LUNCH     SUPPER     AM SUPPLEMENT     PM SUPPLEMENT

## 7. ARE ADMISSION AND PLACEMENT CRITERIA AND PROCEDURES NONDISCRIMINATORY?

## 8. IS "JUSTICE FOR ALL" POSTER ON DISPLAY?

YES     NO

YES     NO

## 9. HAS A PUBLIC ANNOUNCEMENT BEEN MADE STATING THAT ADMISSION IS OPEN TO ALL REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP?

## 10. GIVE DATE(S) WHEN MEDIA WERE USED AND ATTACH COPIES OF ANY BROCHURES, NEWS ARTICLES, BULLETINS, ETC. (IF COPIES ARE NOT AVAILABLE, GIVE DATE(S) AND DESCRIBE MEDIA USED.)

YES     NO

## 11. IS THERE ANY SEPARATION BY RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP? (If "YES" explain in item 14, "Remarks".) If only one race is shown in item 5, indicate "NO" for A thru D.

YES    NO

A. IN EATING AREA?          
 B. IN SERVING LINES?          
 C. IN SEATING ARRANGEMENTS?          
 D. IN ASSIGNMENT OF EATING PERIOD?       

## 12. ARE ALL SERVICES AND FACILITIES USED ROUTINELY BY ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP? (i.e., social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)

YES     NO

## 13. IN THE OPINION OF THE REVIEWER BASED ON INFORMATION OBTAINED BY PERSONAL OBSERVATION DOES THE INSTITUTION OR FACILITY APPEAR TO BE IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964?

YES     NO

IF "NO" INDICATE IN ITEM 14 "REMARKS" OR ON THE BACK OF SHEET:

A. WHAT THE AREAS OF NON-COMPLIANCE ARE, AND  
 B. RECOMMENDATIONS FOR CORRECTIVE ACTION  
 AND FOLLOW-UP.

## 14. REMARKS

## 15. DATE

## 16. TITLE

## 17. SIGNATURE OF REVIEWER



## ATTACHMENT 6

SAMPLE ADMINISTRATIVE REVIEW LETTER  
DAY CARE CENTER OPERATIONS

Name of Sponsor Director  
Sponsor Name and Address

RE: Agreement No. \_\_\_\_\_

Dear Ms./Mrs./Mr.: \_\_\_\_\_

Thank you for the courtesy and cooperation you and your staff extended to our representative, \_\_\_\_\_, during the Child Care Food Program (CCFP) administrative review and technical assistance visit to your sponsorship on \_\_\_\_\_.

As you are aware, the areas covered during the visit included income eligibility statements and their classification, program operating cost documentation, accountability for meals served and attendance records, menu analysis and civil rights compliance. The review focused on documentation to support your claim for reimbursement for \_\_\_\_\_. The areas of program compliance that require corrective action are discussed below.

---

---

ETC.

As a result of our review, an adjusted reimbursement claim for the month of \_\_\_\_\_ is necessary. This adjusted claim will result in an overclaim of approximately \$ \_\_\_\_\_, which will be recovered via offset against a future claim. We have prepared and enclosed the adjusted claim, which you must sign and date and return to this office within 30 days. Failure to comply with this deadline will result in a "stop-payment" on your administrative cost reimbursement until the adjusted claim is received.

In compliance with section 226.6(j) of the program regulations, you have the right to appeal our determination of an overclaim. A copy of the appeal procedures is enclosed for your information. Please ensure that you follow the appeal procedures exactly. Failure to comply with the proper appeal procedures may result in the loss of your appeal rights.



Upon review of your operations, including admissions policies and operational procedures, we have determined that at the time of the review, you were in compliance with the Civil Rights Act of 1964 in that no person was denied the benefits of or excluded from participation in this program on the grounds of race, color, age, sex, handicap or national origin.

Please submit to this office within thirty days your corrective action plan and the adjusted reimbursement claim discussed above. Your continued cooperation and assistance is appreciated. If there are any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

ETC.





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